

Fill in this information to identify the case:Debtor name Charter Health Holdings, Inc.United States Bankruptcy Court for the: DISTRICT OF DELAWARE

Case number (if known) _____

☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 26, 2024**X /s/ Cheryl Lovell**

Signature of individual signing on behalf of debtor

Cheryl Lovell

Printed name

Chief Executive Officer

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Charter Health Holdings, Inc.**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **0.00****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **0.00****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **36,938,460.72****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **104,024,418.23****4. Total liabilities**
Lines 2 + 3a + 3b\$ **140,962,878.95**

Fill in this information to identify the case:Debtor name **Charter Health Holdings, Inc.**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**

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☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Regions Bank****Operating****9816****\$0.00**3.2. **Regions Bank****Cash Collateral****2932****\$0.00**3.3. **Bridge bank****Checking****9418****\$0.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$0.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

Debtor **Charter Health Holdings, Inc.**
Name

Case number (If known) _____

- ☒ No. Go to Part 4.
- ☐ Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
- ☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
- ☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☒ No. Go to Part 8.
- ☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
- ☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
- ☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
- ☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites			
62.	Licenses, franchises, and royalties			
	Licenses	\$2,216,317.00	Book Value	Unknown

Debtor Charter Health Holdings, Inc. Case number (If known) _____
 Name

63. **Customer lists, mailing lists, or other compilations**

64. **Other intangibles, or intellectual property**
Tradename \$2,955,089.00 **Book Value** Unknown

65. **Goodwill**
Goodwill \$19,520,821.00 **Book Value** Unknown

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)

☒ No

☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

☒ No

☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor **Charter Health Holdings, Inc.**
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Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$0.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$0.00	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$0.00

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☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Regions Bank, as Agent <small>Creditor's Name</small> 150 4th Avenue North 10th Floor Attn: Ned Spitzer Nashville, TN 37219 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred November 20, 2020 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien All assets of the Debtors Describe the lien Credit Agreement Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$36,938,460.72	Unknown

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$36,938,460.72**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Regions Capital Markets 1180 West Peachtree Street Suite 1400 Attn: Agency Services Atlanta, GA 30309	Line 2.1	

Fill in this information to identify the case:Debtor name **Charter Health Holdings, Inc.**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**

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☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.☐ Yes. Go to line 2.**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address 9140 West Dodge LLC 12910 Pierce Street Suite 110 Omaha, NE 68144 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent Guaranty</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,418.23
3.2	Nonpriority creditor's name and mailing address Alfred C. Perez c/o Andrews Myers Bryan Acklin, Esq. 1885 Saint James Place, 15th Floor Houston, TX 77056-4110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.3	Nonpriority creditor's name and mailing address OnPointe Community Care LV LLC c/o Clark Hill PLLC Crane M. Pomerantz, Esq. 800 Howard Hughes Pkwy, Suite 500 Las Vegas, NV 89169 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.4	Nonpriority creditor's name and mailing address Pharos Capital Partners III, L.P. Pharos Capital Partners III-A, L.P. 5511 Virginia Way Suite 180 Nashville, TN 37027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Subordinated Convertible Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$104,000,000.00

Debtor **Charter Health Holdings, Inc.**
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	9140 West Dodge, LLC c/o Pansing Hogan Ernst & Buser LLP Benjamin J. Pick, Esq. 10250 Regency Circle, Suite 300	Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Pharos Capital Markets 1180 West Peachtree Street Suite 1400 Attn: Agency Services Atlanta, GA 30309	Line <u>3.4</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1
5b. Total claims from Part 2

Total of claim amounts	
5a.	\$ <u>0.00</u>
5b. +	\$ <u>104,024,418.23</u>

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c.	\$ <u>104,024,418.23</u>
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Fill in this information to identify the case:Debtor name **Charter Health Holdings, Inc.**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**

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☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest

Guarantor to Office Lease Agreement dated October 18, 2021 for premises located at 9140 West Dodge Road, Suite 285, Omaha NE

State the term remaining

List the contract number of any government contract _____

**9140 West Dodge, LLC
c/o Pansing Hogan Ernst & Buser LLP
Benjamin J. Pick, Esq.
10250 Regency Circle, Suite 300**

2.2. State what the contract or lease is for and the nature of the debtor's interest

Credit Agreement dated November 20, 2020 as amended from time to time

State the term remaining

List the contract number of any government contract _____

**Regions Bank, as Agent
150 4th Avenue North
10th Floor
Attn: Ned Spitzer
Nashville, TN 37219**

Fill in this information to identify the case:Debtor name **Charter Health Holdings, Inc.**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**

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☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

2.1 **Charter Health Care Group, LLC** **9660 Haven Ave.
Rancho Cucamonga, CA 91730**

Regions Bank, as Agent

☒ D 2.1
☐ E/F _____
☐ G _____

2.2 **Charter Healthcare of** **Northern Colorado, LLC
9660 Haven Ave.
Rancho Cucamonga, CA 91730**

Regions Bank, as Agent

☒ D 2.1
☐ E/F _____
☐ G _____

2.3 **Charter Healthcare of** **Rancho Cucamonga, LLC
9660 Haven Ave.
Rancho Cucamonga, CA 91730**

Regions Bank, as Agent

☒ D 2.1
☐ E/F _____
☐ G _____

2.4 **Charter Healthcare of Albuquerque, LLC** **9660 Haven Ave.
Rancho Cucamonga, CA 91730**

Regions Bank, as Agent

☒ D 2.1
☐ E/F _____
☐ G _____

Debtor **Charter Health Holdings, Inc.**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.5	Charter Healthcare of Dallas, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.6	Charter Healthcare of Las Vegas, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	Charter Healthcare of Orange County, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.8	Charter Healthcare of Phoenix, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.9	Charter Healthcare of Riverside, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.10	Charter Healthcare of San Antonio, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.11	Charter Healthcare of Texas, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.12	Charter Healthcare of Tucson, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor **Charter Health Holdings, Inc.**

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Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.13	Charter Healthcare of West Jordan, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.14	Charter High Desert Health	Care Goup, LLC 9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.15	Charter Home Health of	the Desert, LLC 9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.16	Charter Home Health of Houston, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.17	Charter Home Health of Omaha, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	9140 West Dodge LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.1</u> <input type="checkbox"/> G _____
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2.18	Charter Home Health of Omaha, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.19	Charter Hopsice of San Diego, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor **Charter Health Holdings, Inc.**

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Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.20	Charter Hospice of Colton, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.21	Charter Hospice of Houston, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.22	Charter Hospice of Omaha, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.23	Charter Hospice of the Desert, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.24	Charter Hospice San Gabriel Valley, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.25	Charter Hospice, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.26	Charter MGMT, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	9140 West Dodge LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.1</u> <input type="checkbox"/> G _____
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2.27	Charter MGMT, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor **Charter Health Holdings, Inc.**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.28	Sunrise Hospice Care, Inc.	9660 Have Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.29	Charter Health Care Group, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.2</u>
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2.30	Charter Healthcare of	Northern Colorado, LLC 9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.2</u>
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2.31	Charter Healthcare of	Rancho Cucamonga, LLC 9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.2</u>
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2.32	Charter Healthcare of Las Vegas, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.2</u>
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2.33	Charter Healthcare of Orange County, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.2</u>
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2.34	Charter Healthcare of Phoenix, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.2</u>
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Debtor **Charter Health Holdings, Inc.**

Case number (if known) _____

Additional Page to List More Codebtors

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Column 1: Codebtor

Column 2: Creditor

2.35	Charter Healthcare of Riverside, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.2</u>
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2.36	Charter Healthcare of Tucson, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.2</u>
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2.37	Charter Healthcare of West Jordan, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.2</u>
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2.38	Charter High Desert Health	Care Goup, LLC 9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.2</u>
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2.39	Charter Home Health of	the Desert, LLC 9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.2</u>
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2.40	Charter Home Health of Omaha, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	9140 West Dodge, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.1</u>
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2.41	Charter Home Health of Omaha, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.2</u>
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Debtor **Charter Health Holdings, Inc.**

Case number (if known) _____

Additional Page to List More Codebtors

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Column 1: Codebtor

Column 2: Creditor

2.42	Charter Hospice of San Diego, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.2</u>
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2.43	Charter Hospice of Colton, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.2</u>
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2.44	Charter Hospice of the Desert, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.2</u>
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2.45	Charter Hospice San Gabriel Valley, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.2</u>
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2.46	Charter Hospice, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.2</u>
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2.47	Charter MGMT, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	9140 West Dodge, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.1</u>
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2.48	Charter MGMT, LLC	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.2</u>
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2.49	Saints Hospice, Inc.	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.2</u>
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Debtor Charter Health Holdings, Inc.

Case number (if known) _____

Additional Page to List More Codebtors

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Column 1: Codebtor

Column 2: Creditor

2.50	Sunrise Hospice Care, Inc.	9660 Haven Ave. Rancho Cucamonga, CA 91730	Regions Bank, as Agent	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.2</u>
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Fill in this information to identify the case:Debtor name Charter Health Holdings, Inc.United States Bankruptcy Court for the: DISTRICT OF DELAWARE

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****Sources of revenue**
Check all that apply**Gross revenue**
(before deductions and exclusions)**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
*Check all that apply***4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.**Insider's name and address**
Relationship to debtor**Dates****Total amount of value****Reasons for payment or transfer****5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

Debtor **Charter Health Holdings, Inc.**

Case number (if known) _____

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	OnPointe Community Care LV LLC, et al. v. Charter Health Holdings, Inc. 2:22-cv-01235-GMN-DJA	Breach of Contract	United States District Court - Nevada Las Vegas Blvd. South Las Vegas, NV 89101	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	Alfred C. Perez, et al. v. Charter Health Holdings, Inc. DC-23-19011	Breach of Contract	298th Judicial District Court of Dallas County GEorge Allen SR Building 600 Commerce St., 8th Floor Dallas, TX 75202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	U.S. Department of Justice v. Charter Health Care Group, LLC, Charter Home Health of the Desert, LLC, Charter Healthcare of the Desert, LLC and Charter Health Holdings, Inc. 24-EDCA 0002	Civil Investigative Demand	U.S. Department of Justice United States Attorney Eastern District of California 501 I Street, Suite 10-100 Sacramento, CA 95814	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	U.S. Department of Justice v. Charter Health Care Group, LLC, Charter Home Health of the Desert, LLC, Charter Healthcare of the Desert, LLC and Charter Health Holdings, Inc. 24-EDCA 0003	Civil Investigative Demand	U.S. Department of Justice United States Attorney Eastern District of California 501 I Street, Suite 10-100 Sacramento, CA 95814	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions**

Debtor **Charter Health Holdings, Inc.**

Case number (if known)

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
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Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Pachulski Stang Ziehl & Jones LLP 919 North Market Street 17th Floor Wilmington, DE 19899-8705		12.28.23	\$233,788.00
Email or website address <u>www.pszjlaw.com</u>			
Who made the payment, if not debtor? Charter MGMT, Inc. on behalf of itself and its Debtor affiliates			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Debtor **Charter Health Holdings, Inc.**

Case number (if known) _____

Who received transfer?
AddressDescription of property transferred or
payments received or debts paid in exchangeDate transfer
was madeTotal amount or
value**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address

Dates of occupancy
From-To**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services
the debtor providesIf debtor provides meals
and housing, number of
patients in debtor's care**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained.

Driver's License and Social Security Number

Does the debtor have a privacy policy about that information?

- ☐ No
- ☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?

- ☒ No Go to Part 10.
- ☐ Yes. Fill in below:

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ NoneFinancial Institution name and
AddressLast 4 digits of
account numberType of account or
instrumentDate account was
closed, sold,
moved, or
transferredLast balance
before closing or
transfer**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this

Debtor **Charter Health Holdings, Inc.**

Case number (if known)

case.

☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☐ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☐ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Debtor **Charter Health Holdings, Inc.**

Case number (if known) _____

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
25.1. CHARTER HEALTH CARE GROUP LLC 970 S. Village Oaks Drive Suite 102 Covina, CA 91724	Home Health Care	EIN: 27-4136354 From-To 10/22/2010 - present
25.2. CHARTER HEALTHCARE OF ALBUQUERQUE, LLC 6121 Indian School Road NE Suite 143 Albuquerque, NM 87110	Hospice	EIN: 47-5467569 From-To 05/20/2021 - present
25.3. CHARTER HEALTHCARE OF DALLAS, LLC 1317 S Palestine St. Athens, TX 75751	Hospice	EIN: 75-2634038 From-To 09/12/1995 - present
25.4. CHARTER HEALTHCARE OF LAS VEGAS, LLC 2739 Sunridge Heights Parkway Suite 110 Henderson, NV 89052	Hospice	EIN: 46-5278529 From-To 06/27/2013 - present
25.5. CHARTER HEALTHCARE OF NORTHERN COLORADO, 3855 Precision Dr. Unit 120 Loveland, CO 80538	Home Health Care and Hospice	EIN: 45-2659332 From-To 12/21/2010 - present
25.6. CHARTER HEALTHCARE OF ORANGE COUNTY, LLC 12235 Beach Blvd Suite 100 Stanton, CA 90680-3903	Hospice	EIN: 46-4876448 From-To 05/02/2017 - present
25.7. CHARTER HEALTHCARE OF PHOENIX, LLC 16430 N. Scottsdale Road Suite 117 Scottsdale, AZ 85254	Hospice	EIN: 81-4994091 From-To 12/05/2016 - present

Debtor **Charter Health Holdings, Inc.**

Case number (if known) _____

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.8. CHARTER HEALTHCARE OF RANCHO CUCAMONGA, 9660 Haven Ave Suite 201-203 Rancho Cucamonga, CA 91730	Hospice	Dates business existed EIN: 45-3481847 From-To 10/17/2018 - present
25.9. CHARTER HEALTHCARE OF RIVERSIDE, LLC 9660 Haven Ave Suites 201-203 Rancho Cucamonga, CA 91730	Hospice	EIN: 46-3822361 From-To 05/02/2017 - present
25.10. CHARTER HEALTHCARE OF SAN ANTONIO, LLC 7800 IH 10 West Suite 105 San Antonio, TX 78229	Hospice	EIN: 46-0816325 From-To 08/15/2012 - present
25.11. CHARTER HEALTHCARE OF TUCSON, LLC 6400 E. Grant Road Suite 150 Tucson, AZ 85715	Hospice	EIN: 84-2221782 From-To 06/12/2019 - present
25.12. CHARTER HEALTHCARE OF WEST JORDAN, LLC 6671 S. Redwood Road Suite 101 West Jordan, UT 84084-5856	Hospice and Home health Care	EIN: 20-1316982 From-To 05/20/2004 - present
25.13. CHARTER HIGH DESERT HEALTH CARE GROUP, L 19015 Town Center Drive Suite 104 Apple Valley, CA 92308	Hospice and Palliative Care	EIN: 45-3863142 From-To 06/14/2011 - present
25.14. CHARTER HOME HEALTH OF HOUSTON, LLC 16000 Barkers Point Lane Suite 208 Houston, TX 77079	Home Health Care	EIN: 20-5937105 From-To 03/31/2023 - present
25.15. CHARTER HOME HEALTH OF OMAHA, LLC 9140 W. Dodge Rd. Suite 285 Omaha, NE 68114	Hone Health Care	EIN: 90-0150802 From-To 01/28/2021 - present

Debtor **Charter Health Holdings, Inc.**

Case number (if known) _____

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.16 CHARTER HOME HEALTH OF THE DESERT, LLC 72855 Fred Waring Suite A4 Palm Desert, CA 92260	Home Health Care	Dates business existed EIN: 46-0685304 From-To 07/09/2012 - present
25.17 CHARTER HOSPICE OF COLTON, LLC 1007 E Cooley Drive Suite 100 Colton, CA 92324	Hospice	EIN: 87-0742297 From-To 10/17/2018 - present
25.18 CHARTER HOSPICE OF HOUSTON, LLC 16000 Barkers Point Lane Suite 208 Houston, TX 77079	Hospice	EIN: 26-3053135 From-To 03/31/2021 - present
25.19 CHARTER HOSPICE OF OMAHA, LLC 9140 W. Dodge Rd. Suite 285 Omaha, NE 68114	Hospice	EIN: 90-0150802 From-To 01/28/2021 - present
25.20 CHARTER HOSPICE OF SAN DIEGO, LLC 16955 Via Del Campo Suite 100 San Diego, CA 92127	Hospice	EIN: 47-2096343 From-To 10/01/2019 - present
25.21 CHARTER HOSPICE OF THE DESERT, LLC 72855 Fred Waring Suite A5 Palm Desert, CA 92260	Hospice	EIN: 46-0882716 From-To 07/30/2012 - present
25.22 CHARTER HOSPICE OF THE SAN GABRIEL VALLE 970 So. Village Oaks Drive Suites 211-214 Covina, CA 91724	Hospice	EIN: 45-4248026 From-To 01/12/2012 - present
25.23 CHARTER HOSPICE, LLC 5775 E. Los Angeles Ave Suite 226 Simi Valley, CA 93063	Hospice	EIN: 81-4140333 From-To 10/11/2016 - present
25.24 CHARTER MGMT, LLC 9660 Haven Ave Suite 201-203 Rancho Cucamonga, CA 91730	Management Company	EIN: 82-1825596 From-To 10/17/2018 - present

Debtor **Charter Health Holdings, Inc.**

Case number (if known) _____

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.25 SAINTS HOSPICE, INC. 1309 W. 15th Street Suite 120 Plano, TX 75075	Hospice	Dates business existed EIN: 77-0663145 From-To 06/26/2006 - present
25.26 SUNRISE HOSPICE CARE INC. 8275 S. Eastern Ave Suite 261 Las Vegas, NV 89123	Hospice	EIN: 85-3459414 From-To 09/25/2020 - present

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26a.1. Joseph Caruso 9660 Haven Ave. Rancho Cucamonga, CA 91730	12/13/2022 - 12/29/2023
26a.2. Vincent Castaldo Redacted	1/21/2019 - 2/6/2023
26a.3. Connie Zappone 9660 Haven Ave. Rancho Cucamonga, CA 91730	7/19/2022 - 12/29/2023
26a.4. Sarah Arechiga Redacted	12/1/2020 - 12/22/2023
26a.5. Jordan Dobron Redacted	5/25/2021 - 12/22/2023
26a.6. Mina Halaka Redacted	12/7/2021 - 10/5/2022
26a.7. Talethia Moore Redacted	1/10/2023 - 10/22/2023

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26b.1. Crowe LLP 720 Cool Springs Blvd. Suite 600 Franklin, TN 37067-7260	
26b.2. LBMC PO Box 1869 Brentwood, TN 37024-1869	

Debtor **Charter Health Holdings, Inc.**

Case number (if known) _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None**Name and address****If any books of account and records are unavailable, explain why**

26c.1. **Charter Health Holdings, Inc.**
9660 Haven Ave.
Rancho Cucamonga, CA 91730

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None**Name and address**

26d.1. **Regions Bank**
1180 West Peachtree Street
Suite 1400
Atlanta, GA 30309

26d.2. **Hancock Whitney Bank**
2510 14th Street
Gulfport, MS 39502

26d.3. **Bridge Bank**
55 Almaden Blvd.
Suite 100
San Jose, CA 95113

26d.4. **Cadence Bank**
1329 W. Peachtree Street NW
Suite 100
Atlanta, GA 30309-2919

26d.5. **Sunflower Bank**
1400 16th Street
Mall Suite 250
Denver, CO 80202

26d.6. **Pinnacle Financial Partners**
150 Third Avenue South
Suite 900
Nashville, TN 37201

26d.7. **Pharos Capital Partners III, L.P.**
Pharos Capital Partners III-A, L.P.
5511 Virginia Way
Suite 180
Nashville, TN 37027

26d.8. **Lincoln International**
110 North Wacker Drive
51st Floor
Chicago, IL 60606

26d.9. **Arthur J. Gallagher**
Risk Management Services, Inc.
39735 Treasury Center
Chicago, IL 60694-9700

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

Debtor **Charter Health Holdings, Inc.**

Case number (if known) _____

☒ No☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Cheryl Lovell	9660 Haven Ave. Rancho Cucamonga, CA 91730	Chief Executive Officer, Director	
Anna-Gene O'Neal	9660 Haven Ave. Rancho Cucamonga, CA 91730	Chief Operating Officer, Director	
Joseph Caruso	9660 Haven Ave. Rancho Cucamonga, CA 91730	Chief Financial Officer, VP Finance	
Anna Kovalkova	Pharos Capital Group LLC 5511 Virginia Way Suite 180 Nashville, TN 37027	Assistant Secretary, Director	
Dr. Robert Crants, III	Pharos Capital Group LLC 5511 Virginia Way Suite 180 Nashville, TN 37027	Director	
Ryan Shelton	Pharos Capital Group LLC 3889 Maple Avenue Suite 400 Dallas, TX 75219	Assistant Secretary, Director	
Pharos Capital Partners III, L.P.	5511 Virginia Way Suite 180 Nashville, TN 37027	Shareholder	39.4% Equity Ownership
Pharos Capital Partners III-A, L.P.	5511 Virginia Way Suite 180 Nashville, TN 37027	Shareholder	42.8% Equity Ownership

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No☒ Yes. Identify below.

Debtor **Charter Health Holdings, Inc.**

Case number (if known) _____

Name	Address	Position and nature of any interest	Period during which position or interest was held
Vincent Castaldo	Redacted	Chief Financial Officer	01/21/19 - 02/06/23
Name	Address	Position and nature of any interest	Period during which position or interest was held
Dennis Wade	Redacted	Chief Human Resource Officer	12/01/2021 - 04/07/23

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. **Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

- ☐ No
☒ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
Charter Health Holdings, Inc.	EIN: 83-1852764

32. **Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

- ☒ No
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
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Debtor **Charter Health Holdings, Inc.**

Case number (if known) _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 26, 2024**

/s/ Cheryl Lovell

Signature of individual signing on behalf of the debtor

Cheryl Lovell

Printed name

Position or relationship to debtor **Chief Executive Officer**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes